



**PSYCHOLOGICAL, SOCIAL AND ECONOMIC
EFFECTS OF MEDICAL MALPRACTICE ON PATIENTS AND THEIR
RELATIVES**

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ABSTRACT

According to a research conducted recent years in our country, a noteworthy increase related to health expenditures has been observed. This study includes the answers of following questions; Is all of the spending on health expenditure necessary? Are applied treatment methods accurate? Or how accurate is the diagnosis? Is prescribed medicine really necessary? By asking these questions to patients, relevant data is aimed to be obtained. In this context, malpractice cases filed under the name of the case has been examined, what the socio-economic loss of the patients who are exposed to incorrect application is has been tried to be identified by asking the patient, and literature review of the data obtained is given. The effects of malpractice on health economics have been death in a broad perspective.

This study contains important information and experiences of malpractice, to be more precise, it has crucial information for service

INTRODUCTION

The emergence of human life is a natural right, and wanting to maintain a healthy way of life is the most natural right. However, this ideal situation may not always happen. During certain times of every human life, there may be some deterioration not only on mental but also on physical health. Any kind of the disruption that occur confront the patient with health care providers. Patients may consent to giving physicians the right to interfere with the physical integrity to the inactivation of factors threatening the health. Here is a kind of contractual relationship resulting from the meeting of the patient and the physician. That is, when the patient is accepted to healthcare organization, contract is established between the physician and the patient. Accordingly, doctors should give patients the expected standard diagnostic and treatment services, must demonstrate due diligence and loyalty. Although the intervention to life, health and body completeness is against the rights and is basically forbidden, laws gave physicians the right to intervene for improvement over the body (Yenerer, 2003).

Medical interventions cover a wide range of operation from simple to the most severe diagnosis and treatment medicine. However, although the ultimate result is to cure the patient completely, sometimes undesirable results may occur (Ayan, 1991). This undesirable result is called defective medical practice. In the declaration of 44. General Assembly of World Medical Association conducted in 1992, malpractice (malpractice) has been defined as "during treatment, the physician's not following standard practice, damage caused by not treating or the lack of skills "; and the cases which are experienced through medical care and treatment and not physician's fault's being distinguished is emphasized. Additionally, it has been stated that the deficient actions of physicians are not simply limited to diagnosis and treatment, but it is also about any kind of acts and behavior in their profession. That is, a physician has important responsibilities not only in terms of the diagnosis and treatment defects; also in terms of the relationship with their patients and colleagues (Koç, 2006).

related loss to be prevented and to be compensated properly.

MALPRACTICE AND MEDICAL MALPRACTICE CONCEPTS

Malpractice literally, is derived from Latin for "Male" and "Praxis" and its route is the word "bad, incorrect application" . That is, it can occur in any profession. Widely, it is used as imperfect movements that emerge when the profession is implemented incorrectly. If malpractice applications occur in health care professions, it is called "Medical Malpractice". World Association of Medical defines malpractice as; ", the physicians' not implementing the current practice standards during treatment, damage caused by lack of skills or not treating the patient.'"

In the United States, "The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)" has defined malpractice as follows; " It is ,frequently in the public health service centers, professions' not behaving in a professional and appropriate way and is inadequate and negligent acts in the masked application (Hanci, 2002).

MEDICAL MALPRACTICE DATA

Malpractice has shown a noticeable increase recently. It has become a multi-faced, multi-dimensional issue discussed within its ethical, legal, medical, educational and administrative aspects especially in some developed countries and all over the world in recent years. Despite this; in official institutions or organizations, the studies determining the rates of malpractice are still inaccessible.

Malpractice applications related news has increasingly come to the fore and has drawn the attention of the community. Lately, the cases related to medical malpractice penalty and compensation has increased significantly.

In the US in 2000, according to a detailed report published by "the Harvard Medical Practice Study" and a research based on two retrospective studies in Utah and Colorado, in hospitals in the United States, it is confirmed that per year 98000 people are reported to die directly because of the medical mistakes. In Japan in March 2002 - March 2003, it was found that because of medical errors 900 cases were sued (Birgen, 2006).

According to the results of the limited studies conducted the largest part of the malpractice lawsuits are filed for physicians.

Birgül Tüzün, Emergency Diamond, Haluk Slim "Defective Medical Application Related Deaths" (1997) compared to the incidence in this study and the frequency medical defect causes are;

- Inadequate monitoring,
- delays in medical interventions,
- delays in patient referral, referral without taking adequate measures,
- Infection resulted in inadequate treatment and inadequate measures,
- improper or careless treatment
- Inadequate diagnosis
- incapable persons' interfering medical interventions

According to a research, 805 malpractice cases out of 1458 have been sued. In second rank, there are cases involving teams who are found guilty. It is noteworthy that assistants are sued the least.

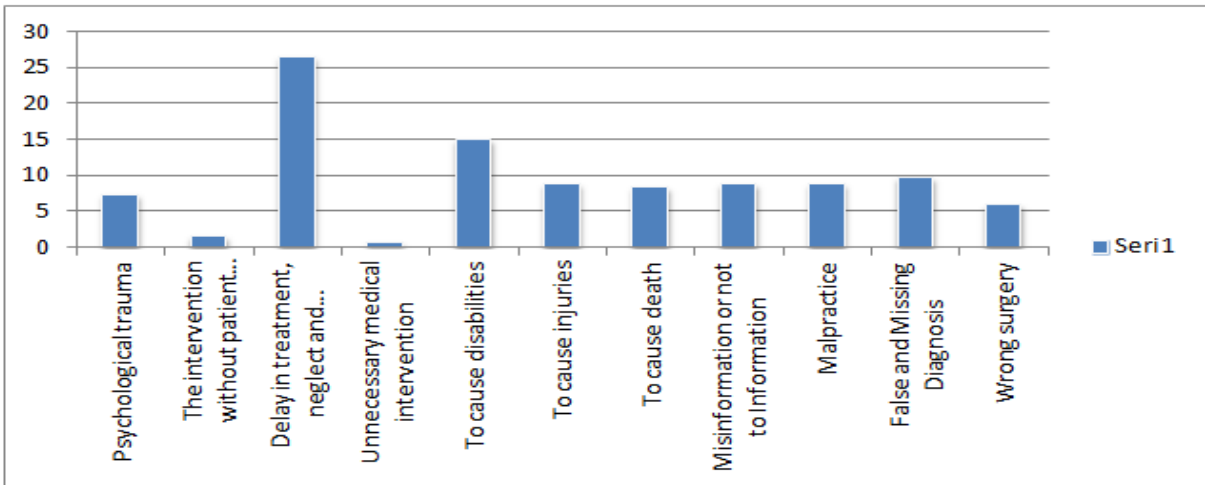
Medical malpractice, is rarely thought to occur due to a single cause. Generally, there are human factors

(ignorance, carelessness, such as mental reasoning errors), environmental factors and some other factors such as medical devices that increase the risk of failure. However, because medical care is a team work, those factors causing failure are generally overlapped (Çetin, 2006).

Also there are limited number of studies in medical malpractice that are related to the judiciary action. In light of debates on the subject in our country, there is a need for research with regard to the review of all cases of medical malpractice.

Even though a part of the malpractice lawsuits are not considered as medical errors, when the cases accepted as malpractice are observed, there has been a dramatic increase compared in different years. But these are the data of cases that resulted in the error pop-up applications and medicine case, not only accurate data. Of course, there was and there has been some cases where the patients who were-have been exposed to many malpractice, are silenced off the books, it is very difficult to reach these data.

Litigation Causes:



Grafik.1. Causes of legal cases

The maximum number of cases that the physicians were sued has been on delay in treatment, negligence, misdiagnosis and mistreatment.

Increasing problems in the health system; medical malpractice and criminal cases and civil cases in this

context; has led to the increase of the everyday professional insurance. These results in a vicious cycle and doctors are exposed to unjustified medical malpractice charges.

3. FINDINGS

Demographic Variables	n	%
Age (Years)		
20-30	65	65
31-40	18	18
41-50	11	11
51-60	6	6
Gender		
Male	48	48
Female	52	52
Marital Status		
Single	55	55
Married	43	43
Other	2	2
Educational Status		
Primary School	5	5
Secondary School	8	8
High School	18	18
University	59	59
Other	10	10
Total	100	100.0

Exposure Rate to Malpractice	n	%
Patients Are Exposed Malpractice		
Yes	33	33
No	67	67
Whose Familiar Exposed Malpractice		
Yes	58	58
No	42	42
Total	100	100.0

According to the survey data obtained 100 people of 33 itself exposed to malpractice. The 58 were subjected to a close malpractice. As it can be seen from the data 25

people have been exposed to both himself and a close malpractice. The total is fluent in 91 of 100 people close to malpractice or self.

NO	Survey Data	\bar{X}	S
1.	Wrong treatment changed my life in a negative way.	4,256	1,060
2.	My social relationships were negatively influenced due to wrong treatment.	3,756	1,497
3.	My exposure to malpractice has affected those around me.	4,189	1,178
4.	Wrong treatment caused me to move away from the community.	3,297	1,619
5.	Exposure to malpractice reduced my social activities.	3,824	1,520
6.	My social environment stopped going to the doctor who practiced malpractice.	4,135	1,388
7.	Wrong treatment has changed the perspective of the society towards me.	2,797	1,543
8.	Wrong treatment reduced my frequency of going to the doctor.	3,500	1,563
9.	Wrong treatment reduced my confidence towards people.	3,364	1,429
10.	Experience of side effects of the drug has reduced my frequency of attending social environment.	2,905	1,623
11.	Misdiagnosis has caused people around me pity me.	3,229	1,684

12.	Unnecessary tests caused me not to prefer that hospital.	3,878	1,470
13.	Wrong treatment I have experienced reduced my confidence towards doctors.	4,283	1,079
14.	I've had great tension because of wrong treatment.	4,135	1,197
15.	Wrong treatment has changed my view of the world.	3,243	1,478
16.	Wrong treatment made my life upside down.	3,473	1,528
17.	Wrong treatment made me a pessimistic person.	3,378	1,486
18.	Wrong diagnosis caused me to undergo a stressful period.	4,270	1,173
19.	My tendency of violence increased towards doctors applying wrong treatment .	2,918	1,505
20.	Wrong treatment caused my family to misbehave the doctor.	3,067	1,607
21.	Being exposed to wrong treatment caused some problems in my job and daily life.	3,702	1,362
22.	I began to be prejudiced against all doctors.	3,797	1,344
23.	Wrong treatment resulted in self-esteem.	2,864	1,564
24.	Drugs prescribed wrong caused psychological side effects.	3,135	1,674
25.	I thought I would die because of the wrong diagnosis.	2,837	1,680
26.	I worried about my future due to the misdiagnosis result.	3,689	1,461
27.	I had some economical losses I hadn't expected .	3,837	1,526
28.	I spent a lot of money to fix the wrong treatment.	3,675	1,614
29.	I had a difficulty in overcoming the economical consequences resulted from wrong treatment.	3,675	1,553
30.	Wrong treatment caused me to lose time.	4,310	1,237
31.	I wasn't able to meet the costs of suing for malpractice.	3,067	1,777
32.	I can not afford to sue for a malpractice.	2,554	1,664
33.	I paid a lot of money to lawyers for malpractice lawsuits.	1,810	1,449
34.	It was a financial burden for me having been examined by more than one doctor.	4,108	1,330
35.	I believe that the wrong diagnosis and treatment harms the country's economy.	4,229	1,309
36.	I believe that misdiagnosis is increasing health expenses.	4,662	0,848
37.	Wrong treatment may lead to unnecessary expenses.	4,729	0,708
38.	Wrong treatment increases the workload of doctors.	4,734	1,161
39.	Unnecessary tests requested may result in negative effects on patients with urgency.	4,608	0,824
40.	Prescribing unnecessary and wrong medication can cause economic losses.	4,716	0,767
41.	Unnecessary tests requested are a burden both for the individual and the government economy.	4,635	0,900

	n	%
Exposure To Wrong Treatment Type		
Placing misdiagnosis	29	39,2
Prescribing the wrong drug	22	29,7
Demanding unnecessary tests	16	21,6
Exposure to the wrong surgery	3	4,1
Doctors abusing their tasks.	1	1,4
Doctors causing death	3	4,1

Total	74	100.0
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Out of 74 people getting the survey, 29 of them were misdiagnosed. 3 of them resulted in death due to malpractice.

	n	%
Where Exposed to malpractice		
Public Hospital	55	74,3
Private Hospital	15	20,3
Family Health Center	4	5,4
Total	74	100.0

As can be seen from the survey data, malpractice in public hospitals are more prevalent.

	n	%
Why exposed to malpractice		
Doctor Error	12	15,8
Careless doctors	24	31,6
Insufficient control	2	2,6
Insufficient training	10	13,2
The indifference of the doctor	12	15,8
Inexperience	7	9,2
Doctors not knowing current information	2	2,6
Overloading the doctor	3	3,9
Giving Priority to family members	1	1,3
Profit making	3	3,9
Total	76	100.0

Most of the people taking part in the survey stated that they were exposed to malpractice due to the carelessness of doctors.

Variables	n	%
Confidence in the Health Care System		
Yes	8	8
No	42	42
Partially	50	50
Total	100	100.0

Only 8 of the respondents rely on the health care system in Turkey.

4. CONCLUSION

Today, in an environment where the rights of patients are assessed as a consumer protection, health sector is seen as the service sector. Medical malpractice allegations have been seated on the agenda and have come forward in the recent years because of the

medical care system's being evaluated in the aspect of a relationship like client- service provider, and because of patients' rights' being thought as a media material (Baydar, 2002; Donaldson, 1975; Akt.: Özkaya, 2006)

Malpractice concept appears to be multi-dimensional and multi-faceted concept. It occurs as a result of

negligence, carelessness, ignorance, inexperience and patient. Increase in medical information, the development of the technology used in the medical field, increasing the number of physicians using technology directs doctors to make some applications

they do in the past and these often increase malpractice complaints and lawsuits. This increase brings medical care costs not only to patients exposed to malpractice, but also to physicians found guilty

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